A GUIDE
TO
DISTRICT NURSES
AND
HOME NURSING

MRS. DACRE CRAVEN

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BY

MRS. DACRE CRAVEN

(*née* FLORENCE SARAH LEES)

INHABERIN DES VERDIENST KREUZES FÜR FRAUEN UND JUNGFRAUEN,
DER KRIEGSDENKMÜNZE FÜR 1870-71, AND
HONORARY ASSOCIATE OF THE ORDER OF ST. JOHN
OF JERUSALEM IN ENGLAND

London

MACMILLAN AND CO.

AND NEW YORK

1890

First Edition 1889.
Reprinted 1890.

Printed by R. & R. Clark, *Edinburgh.*

TO

My Mother

SARAH MATILDA LEES

TO WHOSE EARLY TEACHING AND EXAMPLE

I OWE MY FIRST AND BEST

TRAINING IN THE SERVICE OF THE SICK POOR

THIS BOOK IS DEDICATED

IN

HER LOVING AND GRATEFUL MEMORY

BY

HER DAUGHTER

PREFACE

MRS. CRAVEN has been asked by the Trustees of the Queen's Jubilee Fund to write a small Manual for the use of the nurses of the Queen Victoria Jubilee Institute.

The standard of qualification for these nurses is that they shall have received one or two years' training in a general hospital, three months' training in a maternity or lying-in hospital, and six months' training in the practice of district nursing under trained district superintendents.

This Manual, therefore, is chiefly intended

for trained nurses, but it is hoped it may also 'be of service to the many cultured women who are unofficially engaged in the care of their sick sisters and brethren.'[1]

Mrs. Craven has some claim to speak with authority on nursing matters, inasmuch as her own training and experience have been greater and more varied, as Miss Florence Nightingale has said, than that of any other nurse.

She was one of the first ladies trained at St. Thomas's Hospital as a Nightingale probationer. She then worked as a probationer in the Deaconess Institutions at Dresden and at Kaiserswerth-am-Rhein (where she received a special certificate signed by the widow of Pastor Fliedner).

[1] Sir Henry Acland, M.D., in preface to *Handbook for Hospital Sisters*, published by the author in 1874.

She visited all the chief hospitals in Holland, Belgium, Denmark, Austria, and Italy, as well as in London, Berlin, and Paris.

For some months she took charge of the male accident and female surgical wards at King's College Hospital.

She then went to Paris, and through the kindness of M. Husson, Director-General of the French Civil Hospitals, she was able to secure further training and experience in the Hôtel Dieu, Enfant Jésus, etc. etc., and, by special permission of the Minister of War, in the great military hospitals of Val de Grâce and Vincennes. In these French hospitals she worked under the Sœurs Augustines, the Dames de St. Thomas de Villeneuve, and the Sœurs de Charité de St. Vincent de Paul. She also worked for a short time under the Sœurs Auxiliatrices pour les âmes

en Purgatoire (the trained Roman Catholic district nurses of the poor in France).

In the Franco-German war she volunteered to help to nurse the sick and wounded, and was placed in charge of the second fever station of the 10th Army Corps at Marangue before Metz, and, when that was closed, she was allowed to accept the Crown Princess of Germany's (now the Empress Frederick) invitation to superintend Her Royal Highness's 'Königliche Reserve Lazareth' for wounded soldiers at Homburg.

In 1873 she visited the United States and Canada, and inspected the principal hospitals in those countries.

In 1874 she became Hon. Secretary (in conjunction with Lady Strangford) of a sub-committee of inquiry with a view to the formation, by the Order of St. John of Jerusalem

in England, of an association for providing trained nurses for the sick poor in their own homes. In this capacity she visited all the chief nursing institutions for the sick poor already existing in England, and drew up a report of their work and organisation.[1]

At the special request of Miss Nightingale, she accepted the offer of becoming the Superintendent-General of this institution (since called the Metropolitan and National Nursing Association) and of organising a system of district nursing upon principles which experience has now proved to have been sound and thorough. She resigned her appointment in 1880, and it was then decided that it would be better for each District Home to work under its own Committee, but she was asked to keep up her connection

[1] See *Report of Sub-Committee of Inquiry.*

with the work by acting as Hon. Inspector of Nursing, and by aiding in the foundation of new Branch Homes.

The Trustees of the Queen's Jubilee Fund, after careful inquiry into all the existing institutions of a similar kind, decided on employing this Association to train district nurses for the Queen Victoria Jubilee Institute, and Mrs. Craven has thus the satisfaction of seeing the institution, to which she devoted some of the best years of her life, made the means of disseminating more widely and generally those sound principles and that high standard of nursing which she has always inculcated.

She desires to express her deep gratitude to Sir James Paget, not only for the time he devoted to reading through the MS. of this little book, but also for his many valuable

suggestions and his more than kind encouragement and approval of her attempt to carry out the wishes of the Queen's Trustees in writing 'a very short Manual confined to the duties devolving on a district nurse and the special knowledge and qualifications required for that work.'

DACRE CRAVEN,

Rector of St. George the Martyr, Holborn.

October 1889.

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SECTION I

INTRODUCTORY REMARKS ON THE PERSONAL QUALIFICATIONS REQUIRED FOR A NURSE OF THE SICK POOR IN THEIR OWN HOMES—HER DRESS AND NECESSARY EQUIPMENT.

Personal qualifications.

FOR district nurses a higher education and higher grade of woman are required than for the hospital nurse or even hospital superintendent.

A district nurse must have a real love for the poor, and a real desire to lessen the misery she may see among them. Without this she will never have sympathy with the trials and sorrows of those among

whom she works, or be able to exercise any permanent influence for good.

She should consider it one of the most important parts of her duty to inculcate cleanliness, whether it be cleanliness of air, person, or surroundings. Her aim must be not only to aid in curing disease and alleviating pain, but also through the illness of one member of a family to gain an influence for good so as to raise the whole family; to teach them how to render brighter and more cheerful, as well as to cleanse, their rooms, and to introduce order, cleanliness, sunshine, and fresh air to rooms or homes where they have been hitherto unknown.

Of all employments open to gentlewomen there is none more suitable than that of a district nurse, as so much tact, discretion, and good breeding are required to introduce

sanitary reforms without hurting the feelings of those who are to benefit by the change.

Wherever a district nurse enters,[1] order and cleanliness should enter with her. She must reform and recreate, when necessary, the homes even of the poorest and most wretched. She may have to bring about this result with her own hands, to sweep and dust and empty and wash out all the dirt and foulness she finds; to air and disinfect; to rub the windows; to sweep the fireplace, carry out and shake the bits of old sacking and carpet and lay them down again; to fetch up fresh water and fill the kettle; to wash the patient and the little children, and to make the bed.

She must be content to be servant to the sick poor[2] and teacher by turns, and have

[1] See *Servants of the Sick Poor.* [2] Miss Nightingale.

the tact necessary to win the entire confidence of her patients. In short, a woman of a higher stamp than would suffice for most other kinds of nursing work is indispensable for district nursing.

In hospitals[1] the sick receive not only the constant attendance of skilled nurses, but also the services of professionally instructed 'dressers,' who are always at hand to note the various forms which disease may assume.

But the district nurse rarely sees the doctor, and in many cases not at all. His orders are given in writing, and she must be so well trained as not only to know how to observe and report correctly and briefly on every case under her charge, but to allow *no* change to pass unnoticed, and to be able to apply provisionally suitable

[1] *Servants of the Sick Poor.*

treatment until the medical man shall have arrived.

She must be scrupulously clean and neat in her own person,[1] especially with regard to the arrangement of her hair, which should be smooth and well kept, without fringe, frizettes, or pads of any kind. The office of nurse is too high and holy for any woman called to it to wish to devote much time to the adornment of her person. Her one object, as regards herself, should be to be clean, simple, and neat.

No nurse should take up district work unless she feels that 'to serve the poor' is her vocation. She has to try *how much* she can do for each patient at each visit, always remembering that, so far as the nature of the

[1] Every nurse should make it a rule to wash herself thoroughly with *hot* water at night, and to take a cold sponging bath in the morning. District nurses should change their under linen at least twice a week.

work admits of it, every poor person should be as well and as tenderly nursed as if he were the highest in the land.[1]

Management and tact.

The very essence of nursing in the homes of the poor is management, tact, and *thinking for the patient*, so as to do real nursing service at every visit.

Applications, poultices, bandaging, and dressings are *not nursing*, although they may be part of it.

Nurses untrained in what properly constitutes district nursing, sometimes make the mistake of thinking that if there are no

[1] I was inspecting the work of a district nurse in one of the suburbs of London, and a very poor patient dying from cancer, who had in her younger days been a general servant, said to me, 'I never thought I should have such nursing as this! Poor people can now say, "Queens shall be your nursing mothers," for although you may call yourselves paid nurses, I know *ladies* when I see them, and that you should do such things as this for me makes me feel how much God must care for even a poor lonely old woman.'

wounds to dress, no poultices or fomentations or other applications to apply, helpless patients may be left to the charge of their own relatives, who can easily wash them and make their beds. A nurse ready to give up cases in such circumstances, or because such patients are tiresome, irritable, peevish, or difficult to manage, has mistaken her vocation in life.

There are often cases where, after a long night of unrest and utter weariness, the patient has asked 'to have his face and hands washed, and bed made' as soon as it was daylight.

He feels refreshed for the time, and when the nurse comes an hour or two later, he says, 'Mother has washed me this morning, nurse, and made my bed, so there is nothing for you to do.'

The nurse should say pleasantly, 'Well, we needn't do your face again, then; but we mustn't let you get bed-sores, you know, so I will just do your back properly, and put you in nursing order.'

The shirt removed, the sheets are removed also, as a matter of course. The patient's *body* is then briskly washed and rubbed dry, spirits rubbed into the back, and the bed thoroughly and well made without removal of patient.

Often the only *good* sleep in the twenty-four hours that a patient gets is after this so-called 'sponging.' I have frequently heard a patient say, 'I feel so comfortable now, I think I shall have a good sleep; but when you came in, nurse, I was *that* tired and worn-out I didn't want to be touched or moved.'

The very essence of district nursing is, that

a nurse should have such tact as well as skill that she will *do what is best for the patients*, even against their will, knowing how to manage the weakest and most irritable, and doing all that is necessary for them 'without their knowing it,' as a poor dying patient once said to me.

The district nurse is the *servant of the sick poor*, and she must always remember this in dealing with them, and try how much she can do to lessen the weariness of pain and weakness or brighten the sad monotony of their lives at every visit she pays her patients.

Relief and medical comforts.

No district nurse should ever give alms or relief of any kind beyond *service*. If she has the means and wishes herself to help any poor person, she must seek out the proper agency (clergy, district visitors, C.O.S., etc.), and give them the money which she wishes

distributed. But nurses may lend sheets, water-pillows, etc., of which a stock is usually kept at the Home.

In many parishes there are societies for the loan of linen, blankets, water-beds, water-pillows, bed-rests, and for providing beef-tea and other comforts for the sick. The nurse may recommend a patient's friends to apply to such a society for relief, but it is not part of her duty to go after or distribute such relief, or else her work would soon become all alms-giving and nothing else.

The nurse as sanitary agent.

A very necessary part of the duty of a district nurse is to make herself acquainted with the sanitary, as well as charitable, agencies of the district or districts where her work lies. Wherever she finds the water supply defective, drains untrapped or badly trapped, cesspools and dustbins unemptied,

etc., she should write to the medical officer of health, and if the defects complained of are not remedied she should then write to the sanitary committee of the district (if there is one), who will take legal steps, if necessary, to compel the landlord to put the premises into a proper sanitary condition. The daily visits of a district nurse give her special facilities for finding out sanitary defects. Sometimes there is a plague of flies in the room, which can be traced to some foul or decaying animal or vegetable refuse. When the nurse carries down the dust and ashes to the dustbin she sees whether it ought to be emptied, and ascertains when this was last done. As she fetches water for the kettle she can find out whether it is from an impure and uncovered cistern, and as she empties the slops of her

patient she ascertains whether the w.-c. is in a good sanitary condition, and with a separate cistern from that used for drinking purposes (and she can herself occasionally flush the pan of the w.-c.)

Her work as a sanitary agent is endless, as she often has to teach her patients and their friends the simplest sanitary rules.

People who drop one little refinement of cleanliness after another, in consequence of the difficulties of their surroundings, soon become hardened and indifferent to their absence.

Damp walls, blackened ceilings, dirty wall-papers and windows, and rooms and bedding infested with vermin, all come under the district nurse's notice on her daily round; and she should as far as possible get these defects remedied.

She has often to teach her patients and

their friends the necessity of personal cleanliness, and the reasons why the pores of the skin should be kept well open and every part of the body washed; and she should herself be an example of the cleanliness which she inculcates, and of neatness and order in her dress, avoiding gold and silver ornaments, rings, etc.

Dress.

In most nursing institutions a uniform dress is provided, which is worn in the district and changed for ordinary attire when the duties of the day are over.

Where no special dress has yet been adopted, I would recommend brown holland dresses, and so made as to be 6 inches from the ground. (We find a clean brown holland dress remains fairly clean for a week. Three dresses, therefore, six aprons, and six pairs of over-sleeves per annum are

sufficient.) The skirt of the dress should *cover* the petticoat; it should never be pinned up, as the object of a nursing dress is to keep the under garments clean. The apron should be made of the same material as the dress and large enough to cover it, *i.e.* within 4 or 6 inches of the bottom of the skirt, and meeting at the back, and with a large serviceable bib.

(Pockets in nursing aprons or cloaks are very undesirable, as they sometimes carry infection, and it is difficult to keep them free from dust and fluff. Two pockets, if desired, can be made in the dress, and the apron over them will keep them clean.)

Large over-sleeves of the same material as the apron and dress should be buttoned above the elbow and at the wrist.

Apron and sleeves must be removed on

re-entry to the home or lodgings of the nurse. No nurse should be allowed to sit down to any meal in her apron and sleeves.

Whatever bonnet is worn should be well fitting and neatly trimmed, and provided with a clean crimped cap-border and washing strings, to be changed once a week or whenever soiled, and a white washing lining, which should always be changed once a week, even if it does not look soiled.

Her cloak should always be clean and well brushed before going on duty in the morning.

Equipment.

A pair of scissors with rounded tops, a pair of dressing forceps, and a square, flat, silk pin-cushion well stored with pins, should be attached to the left string of her apron by leather straps. (Chains are most unsuitable for nursing work, as a nurse should be *noise-*

less in her movements. The strap for the forceps should be shorter than those for the scissors, to avoid the clash of touching.)

All nurses should wear flat-heeled and really comfortable shoes or boots—not only to avoid noise of movement, but also because it lessens the fatigue where there is much walking and standing.

For the same reason I would recommend the use of merino or woollen stockings.

Address or note-book.

In the left-side pocket of her uniform dress, *under the apron*, she should always carry her note-book with names and addresses of patients, a box of 'safety' matches, and a rolled wax taper. (In ascending dark stairs and in winter the latter are absolutely necessary, and it would be difficult to find matches in the dark just when wanted unless kept always in the same place, or to re-

member always the name and address of a new case.)

The note-book should be an ordinary one, costing a penny or twopence, and the nurse should devote one page to each patient.

When the book is filled and space required for fresh names, the cases still on can be transferred to a new note-book.

Under 'nursing treatment' must be stated what is done *daily* (state if twice daily or oftener) for each patient — including Sundays. Also whether at first visit extra nursing service was rendered, and of what kind.

Every case should be entered in the note-book with full details, even when it has been transferred from one nurse to another. The 'number on register' should correspond with the number in the superintendent's register

of cases. The dates of first visit and of last visit should be entered.

No. on register	
Date	
Name	
Age	
Address	
Room-mates	
Occupation	
Disease	
Name of doctor	
By whom case sent	
If in receipt of parish relief?	
How supported	
Nursing treatment	
Result	
No. of days on books	
Things lent [1] (give date of loan and when returned)	

She should, as part of her equipment, always take with her on duty the morocco

[1] Water-pillows, macintosh sheet, bed-pans, urinals, feeders, are among the usual things lent. Also sheets, pillow-cases, shirts, etc.

bag supplied to her, and her bag should con- Bag.
tain—

2 finger-stalls.
A spare note-book for special cases when required for 'notes of cases.'
2 clean temperature charts.
Ink-bottle, ink, and pen.
1 red, 1 blue, and 1 black lead pencils.

(These are for temperature charts. Sometimes a medical man wishes pulse and respiration to be *drawn* on the chart, as well as the temperature, with a different colour for each.)

Penknife.
Sheet of writing-paper, envelope, and blotting-paper, and couple of post-cards.

(For sanitary defects, etc., it may save time for the nurse to write at once to the sanitary authorities.)

A nurse's *trousse*,[1] containing—

1 silver probe with eye at one end.
1 ,, with short flattened handle.

---

[1] The best *trousse* for a nurse can be made by herself out of chamois or wash-leather in the shape of a large envelope with elastic bands stretched across to keep each instrument in its place. When full, the flaps can be folded over and the case rolled together and secured with an

Dressing forceps.
Small spatula for ointments.
Thermometer in case.
1 pair sharp-pointed scissors.
Caustic in holder.
Catheters in two sizes.
Small razor and strop (to be carried in bag when required).
Silk for sutures.
Minute sand-glass for taking pulse.

A small work-bag, containing—

A reel of black and white cotton, thread, needles (sewing and darning), thimble, bodkin, pair of strong nail scissors, and two pieces of white tape (narrow and broad), and a yard measure.

Also a flat leather case, with broad leather or elastic band, to contain, in 1 oz. bottles—

1 oz. Crystals of carbolic in solution.
„ Carbolic oil (1 in 20).
„ Spirits of wine.
„ Spirits of turpentine.
„ Permanganate of potash.

---

elastic band and button. This case is lighter than the ordinary ones, and wash-leather keeps everything bright and free from rust.

And in perforated tin case—[1]

In powder, ½ oz. oxide of zinc and ½ oz. prepared starch, well mixed (to be used for drying the skin after washing).

1 small tin of Keating's insect powder.

1 oz. pot (with lid) simple dressing.

1 oz. „ zinc ointment.

A large spatula for poultices.

A glass syringe in case.

A medicine glass in case with minim ditto.

Enema syringe with vaginal tube.

(When syringing *per vag.* is required, each patient must provide, or be supplied with, a vaginal tube for her special use.)

A small roll of strapping in case.

Gutta-percha tissue (a piece of).

Two flannel and two cotton bandages.

And in separate red cotton bags—

Small roll of tow.

„ old linen and lint.

„ cotton wool and medicated ditto.

---

[1] The best cases for powders are empty tins of Keating's insect powder, as they not only have perforated lids but a movable slide under the holes, by which they can be closed when not in use.

A linen huckaback towel, nail-brush, and cake of toilet carbolic soap should be carried in outer pocket of morocco bag for the nurse's sole use.

A hypodermic syringe and obstetrical instruments, such as speculums and forceps, etc., are not required for each case, and should only be taken when ordered.

They are usually supplied by the institution, and lent out as wanted by the superintendent. The institution should also supply pins, tapes, thread, strapping, gutta-percha tissue, bandages, tow, linen, lint, cotton wool, carbolic soap, matches, wax roll, temperature charts, ink, pencils. Also the contents of 1 oz. bottles and pots, and finger-stalls.

The bag and nursing appliances should be provided for each nurse (so as to be uniform),

and the cost defrayed by the nurse out of her salary. Anything spoilt, injured, or not in good nursing order she must replace. (This is the rule observed in French military hospitals by the *infirmiers de visite.*)

SECTION II

ARRANGEMENT OF THE SICKROOM

On first entering a patient's room the nurse must see whether the bed is too close to the wall.

Bedsteads.

The bedstead should be a foot at least from the wall to avoid draught, and so that there can be a free circulation of air all *round*, and if possible it should be placed sideways to the light[1] (except where too much light

[1] This sometimes necessitates an entire rearrangement of the room and its contents. District nurses should be accompanied by their district superintendent at their *first* visit to a new case, as it often requires two people, as well as a good deal of experience, to ensure the patient's com-

is undesirable, as in certain cases of brain disease, in all cases of great nervous excitement, and where the eyes are affected).

In chlorosis,[1] scrofula, phthisis, and in general all diseases characterised by deficiency of vital power, light should not be even moderated. Light.

All patients love light, and with infirm or bedridden patients, and with children, it is of some importance that the bed should be so arranged that during the day the patient can be amused and interested by looking out of the window. It is stated that wounds heal

fort by this arrangement of the bed, etc., without destroying the comfort of the other inmates of the room. In London there is often only the *one* room for the whole family, and they have to cook and eat, as well as sleep, in it. When things are removed from under the bed a suitable place must be found for them.

[1] See Ribé's *Traité d'Hygiène Thérapeutique*, etc. Paris.

with greater rapidity when the light is allowed to reach them.

Arrangement of bed.

It is better to remove valences or bed-hangings, so as to ensure a free current of air under the bed as well as round it. In the homes of the poor, however, sometimes the bed-hangings or valence round the bed are thought to look 'furnished and comfortable,' and they often dislike to remove them altogether except in cases of fever, or where there is 'anything catching.' Provided they are of some washing material and kept clean, they can be retained if the nurse can shorten them to a deep frill round the bed, so as to ensure not only a free current of air, but also that nothing is kept under the bed.

Poor people sometimes use the space under the bed as a sort of universal cupboard, where they put out of sight soiled

linen, dirty utensils, boots, etc. Occasionally the coals are kept there.

The nurse must explain to the patient's friends that these things retain and generate gases prejudicial to health.

How to keep a room cool.

In hot weather, when the nurse has to keep her patient's room as cool as possible, few things are better than *outside blinds*, which, while shading the room, yet enable the patient to look out of the window and take an interest in what may be passing.

Extemporary outside blinds.

In all the homes of the working classes, and in most houses, it is usual to find a roller-blind to the windows of some washing material.[1]

[1] Where there are no blinds, only shutters, as is sometimes the case in the country, the nurse can herself easily make them. In this case, I should advise her buying dark blue or dark green linen the exact *width* of the window, and making a single-fold one-inch hem at the bottom to contain the stick. Where there is no roller, this could be

The nurse should let this down, and at each end of the stick which runs through the bottom hem she must sew firmly a broad loop of tape. The blind must then be pulled up again, the window opened at the top, the blind put through it and drawn down *outside the window.*

The nurse must now notch two common walking-sticks (or any stick about 3 feet long) at their two ends, and knot double ends of tape firmly to each end of them. Each loop of the blind must now be tied to the ends of the sticks and the sticks pushed out from the window to their full length, the other end of each stick being tied firmly to a strong nail

nailed above the window, and tied up with tapes when not required. Where linen cannot be obtained the right width, a fold must be pasted down each side and ironed. This is almost as good as a wide selvage, and is better than sewing, as it runs more evenly over roller.

driven into the wall each side of the window (inside or outside) or into the window-sill.

The window can now be kept open at the bottom (and about 2 inches at the top), and sufficient light and air admitted.

Necessity of cleansing floor, carpet, furniture.

The first duty of a nurse is the welfare of her patient, and this means not only the personal cleanliness of the sick person, but also the cleanliness and fresh air of the room in which he is lying. No sick person can regain health and strength while breathing foul air induced by dirty surroundings.

Cleansing floor.

Where the carpets (or what may do duty for carpets) are in small strips, and can be lifted easily, they should each morning be taken downstairs and shaken in the open air, and if possible left in the air for a short time 'to sweeten' while the floor is being 'wiped over.'

This is *best* done by dipping a coarse linen cloth into cold water, wringing it, and fitting it over an ordinary long broom.[1] The broom should then be passed rapidly up and down under the bed and along the floor like a mop, the floor cloth dipped again in the bucket, washed out and wrung quite dry, placed again on the broom, and the rubbing up and down resumed until the boards look dry and clean.

Cleansing carpets.

Where there is a carpet covering the room, it should be cleansed every morning with a cloth only, wrung out in hot water and then wrung dry, the cloth folded and passed over the carpet like a brush, and rinsed clean again as soon as it looks soiled.

To clean floor in fever cases.

In all cases of infectious or contagious disease, carpets should be removed. The

[1] In the homes of the very poor there is sometimes no long-handled broom of any kind. In this case the nurse will have to use her hands only.

floor should be daily cleansed with cold water mixed with whatever disinfectant the medical man in charge of the case wishes to be used, some preferring a solution of carbolic, others permanganate of potash, or that preparation of it known as Condy's fluid, sanitas, chloride of lime, etc.

Furniture.

The furniture, mantelpiece, etc., should be wiped over with a *damp* (not wet) cloth and then rubbed dry with a duster. A dusting brush in a sickroom is quite inadmissible.

Making of fire in open fireplace.

Fire lighting, however simple, requires some skill. Lay a few large cinders at the bottom, over that a little crumpled paper, and then about[1] six pieces of dry wood crossing each other and pointing upwards, with small

[1] I was helping one of the district nurses to light a fire when the poor patient exclaimed, '*Please*, nurse, don't use more than three pieces of wood. *I* never do!' I found it was quite possible by burning a little more paper.

pieces of coal on the top, the whole so arranged as to secure a good draught through. Lay the whole well back in the grate, so that the smoke may go up the chimney and not into the room.

This done, fire the paper with a match from below, and as soon as the coals are alight add a few cinders. Every cinder it is possible to pick out from the ashes must be laid either on the fire, or, if there are many, at the side of it, as the poor cannot afford to have them thrown away.

To make a fire where you do not want great heat quickly.

In foreign stoves the fire must be lighted from the top. (It can also be done in open grates.) This is arranged by filling the grate with coal at the bottom, mixed with a few good-sized cinders, and the wood and paper and a few cinders at the top. The paper is lighted, and the whole soon burns down to a

good fire, lasting much longer than a fire lighted from the bottom. This is said to be the most economical way of lighting a fire.

Removal of ashes.

As soon as the fire is lighted, and every cinder has been carefully set aside, the nurse should sweep up the grate, take up the ashes with the shovel, and if there is no coalbox in which she can carry them down to the dust-bin, she must put them on a bit of paper and fold up the corners into an extemporary box, and so carry them down to the dustbin.

Substitutes for fire.

In summer, and often for economy's sake, where heat is not required, the working classes use a paraffin-oil stove or a spirit-lamp. Where there is not one, and no wood or coal, a kettle can always be boiled by burning bits of paper under it, torn into small strips.

Emptying, washing, and disin-

With regard to bedroom utensils, the nurse should impress upon the relatives of her

fection of bedroom utensils.

patient the necessity of *emptying them as soon as they have been used*, and rinsing them thoroughly before bringing them back to the room. The nurse should herself see that the bed-pans, chamber utensils, and urinals in each patient's room are thoroughly washed in warm water and soda, and well rinsed in cold water, before she leaves her patient Bed-pans and urinals should then have a little cold water left standing in them, to which the nurse can add a little of the solution of carbolic, or any other disinfectant. (But water alone will absorb smell, and also help to make it easier to clean the vessel after use.)

How to remove furring and stains from utensils and pans of w.-c.'s.

In cases where the utensils have been much neglected, or when the nurse finds that the pan of the w.-c. is offensive from furring and stains, she must dissolve 2 or 3 lbs.

of common washing-soda[1] in just sufficient hot water to dissolve it, and then put this solution into the vessel she wishes to cleanse, and leave it standing there. (Or get three pennyworth of potash.)

Mops for removing furring and stains from utensils and pans of w.-c.'s.

She should then pull out or tease some tow, and arrange it like a small mop at the end of a piece of stick (a bit of firewood is best), winding a thread of tow firmly round it. With this mop she can thoroughly cleanse inside the handle and under the rim of bed-pans, and rub the furring off any other utensils.

Should the soda not be strong enough, the nurse should get a small bottle of muriatic acid (a 2 oz. bottle is usually sufficient). She must pour a little of this into the utensil, and with a clean dry mop of tow she will find all

[1] Or procure 2 oz. caustic soda from a chemist.

furring and stains can easily be removed. As the tow becomes too soiled for use, it must be burnt, and a fresh mop made.

All vessels so cleansed must then be thoroughly rinsed with cold water. (Muriatic acid should not be *poured* into the pan of a W.-C., as it destroys the metal of the trap, but into a saucer into which the 'mop' can be dipped.)

Slop-pails. A slop-pail ought to have no place in a model sickroom, where every utensil should be carried out of the room and emptied as soon as used. In the homes of the poor, however, a slop-pail is unfortunately a necessity.[1]

[1] The nurses of the sick poor in London sometimes have to go up and down four or five flights of stairs if their patient is living at the top, for there is often only one W.-C., one dustbin, and one tap or water-butt for the use of all the lodgers—and those are in the basement.

Wherever a district nurse has to empty the slop-pail of a patient—and these pails are usually of zinc and without a lid—she should cover the pail with a wet towel, or compress sprinkled with carbolic. If she has neither, she can cover it with newspaper (a closely printed newspaper is almost airproof), and tell the patient's friends always to keep it covered. These zinc pails must be cleaned with sand as well as soda and hot water.

But this sort of cleaning, like *scrubbing*, is not a nurse's work, for although in cases of necessity a nurse can and *will* do either, it is better if possible to get some neighbour to do it if the patient has no relatives. Where scouring floors, etc., is required, we usually pay a woman a small sum to do it under the nurse's supervision.

Curtains.

The best curtains for a sickroom, when obtainable, are white muslin or white dimity. They give a cheerful bright look to the room, and are easily washed and disinfected.[1]

[1] I must say a word of warning to those nurses who are so zealous to put a patient's room in 'nursing order,' that they sometimes forget *chronic* cases, and old people do not require a room arranged quite in the same way as for fever. I recall now with some dismay the look of satisfaction on a nurse's face as she took me to a new case of chronic bronchitis, where she had arranged the room by herself. Every bit of carpet, all bed-hangings, curtains, and what the nurse termed unnecessary furniture, had been removed into the family sitting-room, which resembled chaos, and where the father and children had hardly room to move. The bedroom had been wiped over with a *very* damp cloth, and still looked damp. The window was open at the top, and the poor patient told me 'that although the poultices *were* a comfort, she thought her little girl could attend to her, and if I'd please tell the district superintendent she wouldn't be wanting the nurse any more.' Nor could I be surprised. The nurse was very much disappointed, however, that I did not properly appreciate my own rules having been carried out, and that the patient did not like having a nurse.

SECTION III

ON NATURAL VENTILATION

VENTILATION is so important, that although a fire acts as a ventilator, no nurse should ever feel satisfied as to the freshness of the atmosphere in a sickroom 'unless she can feel the air gently moving over her face when she is still.' The air of a sickroom has to be kept as pure as the external air, without chilling the patient. Where the room is very small, and the weather cold or wet, it is better to lower the top sash only 1 inch, so that the top of the window is just on a level with the lower edge of the window-frame.

This makes two small ventilating openings, one at the top and one in the middle.

In the homes of the poor in London, the windows either do not open at the top at all, or else are made to fall from 1 foot to 2 feet on to a wooden support, which in winter or wet weather makes it impossible to ventilate from the top of the window. In this case the best plan is to procure a piece of wood from 3 inches to 6 inches deep, made to exactly fit the bottom of the window-frame, so that the lower sash can be raised and rest upon it. This makes an opening in the middle of the window, by which fresh air can come in, and yet the current of air be directed upwards. (Where one cannot easily procure the wood, the lower part of the window can be filled up with carpet, sacks, or anything that is procurable.)

The nurse should teach her patients and their friends the necessity of ventilation, and what it means.

Ventilation without draught.

An ordinary fire draws about 150 cubic feet of air per minute, and in the absence of any provision for the admission of air, and *with the window shut*, the supply of air must come from irregular sources—viz. from window chinks, through the keyhole and crevices in the door, skirting-boards, and floor-boards. These irregular streams of cold air pass for the most part horizontally towards the fire, and chill the occupants of the room not in bed. The more furnace-like the fire, the stronger the cold draught, but a very moderate opening in the window will stop all irregular draughts, the air taking the easiest course.

By holding a candle at the keyhole of a door, you can see whether sufficient air is

admitted by the window—for if so, the flame will burn steadily.

A horizontal draught from a window can be converted into a vertical one by a board or cloth 6 or 8 inches high, fixed about 2 inches from the window.[1]

Substitute for fire.

In summer, when there is no fire in the open grate, and the air of the room seems stagnant, a mineral-oil lamp, lighted and put in the grate, will make the air circulate.

Draught of air.

Where it is allowable to have a good draught of air through the sickroom for five minutes three times a day, it is better in many cases than keeping the window constantly open. Great care must always be taken that the patient has extra coverings while the window is opened top and bottom, and

[1] See article in *The Builder* for 1862, by F. H. Bird, on 'Costless Ventilation'; and *Dangers to Health*, by T. Pridgin Teale, M.D., 1878.

that these are not removed until the windows have been closed long enough for the room to resume its usual temperature.

Professor Esmarch says 'it is better to have air a little too cold, than foul air for our surgical cases.' Another eminent medical man, while agreeing with this maxim, adds, 'Nevertheless, in all cases of very aged people, where there is a slow circulation and little vital warmth, special care must be exercised not to lower the temperature of the air they breathe, while freshening it.'[1]

Exceptional care necessary.

Unless special orders are given to the contrary, the temperature should be kept at an average of from 60° Fahrenheit to 65°.

Temperature of ordinary sickroom.

[1] A district nurse must remember that poor people do not harden their skins by washing, and bear ventilation very badly. A visiting physician to a leading London hospital told me that he had seen many cases in hospital, such as patients suffering from Bright's disease and bronchitis, 'literally *blown* into another world.'

A higher temperature is necessary when patients begin to sit up than when confined to bed.

Of cholera. In cholera the temperature to be maintained is usually an exceptionally high one, and the nurse should always ask the medical man in charge of the case for special instructions.

Dysentery. The air of the room in cases of dysentery has usually to be kept cool and fresh, but special instructions should always be obtained as to the temperature that is to be maintained.

On bed-pulleys and bed-rests. A foot-board, or the iron railing placed at the bottom of a bedstead, is sometimes of great service to the sick, as a pulley can be fastened to it to pull themselves up in bed by, and in some cases it is a relief to a patient to press against it.

Danger of using either in No nurse should ever arrange a pulley or bed-rest for the use of a patient without first

obtaining the sanction of the medical man in charge of the case, as in some cases the slightest exertion may prove fatal. certain diseases.

The nurse should arrange some round towelling, a broad piece of ribbon or rope, knot it at its two ends to the railing or foot-board at the bottom of the bed, making it long enough for the broad loop to be within easy reach of the patient's hands.

Where there is no bed-rest obtainable, one can always be improvised by taking a light wooden chair and turning it upside down, so that its *back* is towards the patient and its forelegs resting against the head of the bed. Like a bed-rest, it can be set to any inclination, and the bolster and pillows arranged against it. When a bed-rest of any kind is used, it is well to have the lower end of the bed raised an inch or more by blocks, bricks, Extemporary bed-rest.

or books, put under the feet of the bedstead to prevent the patient from sliding down.

Extemporary cradles for broken limbs, etc.

A very good substitute for the ordinary cradle (made of half hoops of wire passed through two pieces of wood) can be made by cutting the top and bottom out of an ordinary bandbox, and then cutting it down from top to bottom, so as to make it into a hoop which can meet or be distended at pleasure. It is equally effective in keeping pressure of the bed-clothes off the affected limb, and patients say it is more comfortable.

Bronchitis kettles.

Where a heated moist atmosphere is required, it is best effected by means of bronchitis kettles. The kettle should be half filled only, and kept boiling on the fire (or over a spirit-lamp).

Extemporary do.

A good substitute can be made by fitting long tin 'pea-shooters' (as children term

them) one inside the other until the required length is obtained, when this extemporary tube can be fitted over the spout of an ordinary kettle, half filled with boiling water, and placed on the fire. This extemporary tin tube can be bent to any shape required, and made of any length.

Another way of bringing steam into the room is by keeping a saucepan of boiling water on the fire—half filled only—through the lid of which a long curved tube has been fixed, so as to project a few inches above the mantelpiece.

Arrangement of child's bed where warm moist atmosphere is required.

In cases of diphtheria, croup, bronchitis, etc., where a warm moist atmosphere is required, the child's cradle or bed should be brought as near to the side of the fire as possible (where it is not possible to provide a spirit-lamp and bronchitis kettle).

A tent should be made over the bed with a thin blanket, and the steam from the bronchitis kettle directed under it.

Care must be taken that the blanket is changed as soon as it becomes damp.

Extemporary arrangement of child's bed where warm moist atmosphere is required.

An extemporary cradle for a sick child can be made out of a clothes-basket or a large drawer, and an extemporary bedstead by arranging chairs back and front alternately, tied together by the legs. The chair-backs at the top should be arranged so as to admit of stout string or a walking-stick being tied firmly across them, over which the blanket can be thrown.

Where there are no chairs suitable, a small table can be placed over the *head only* of the extemporised bed or cradle, and the blanket arranged on this so as to hang down at the back, over the sides, and a little over the front.

SECTION IV

CLEANLINESS

Special cleanliness required.

SPECIAL cleanliness is required for a patient confined to bed in all cases, but much more so where one or more members of the family share the same room, and sometimes the same bed. 'Nursing a patient' necessitates the daily personal cleansing of the sick person, and where it is possible, changing the linen worn during the night. Where there is not a sufficient supply for this purpose, the linen removed should be well aired before the fire.

In summer, or where there is no fire, in the open air.

Linen becomes damp from the exhalations of the body, and it should always be dry and warm before it is replaced on a patient.

Where a patient has 'two changes' for the week, it is a good plan to have one set for the day and one for the night, changing morning and evening.

It refreshes a bedridden patient much more than having 'all clean things' twice a week. For women patients, the 'better cap' for the day, and their best quilt, or shawl, makes a break in the monotony of the long weary hours in bed, and helps to divide the night from the day.

Necessity of daily sponging.

Every patient confined to bed should be daily washed all over between blankets (or substitutes for ditto), commonly termed 'sponging.' *Friction* is required, as well as cleanliness, to keep the pores of the skin well

open. *No sponge*, therefore, should ever be used for this purpose, but a piece of flannel, and warmed towels should be used for drying. Before removing sheets and linen, the nurse should see that she has everything she requires at hand,—that there is a good and sufficient supply of hot and cold water in the room, kettle well filled, towels, and soap. If there is a change of linen, the nurse should place that to air and warm before the fire, and also warm the towels she has to dry her patient with.

Nourishment.

She should then give her patient a little milk or nourishment of some kind before removing the linen.

Teaching patient's friends how to remove linen without ex-

All nurses know how to remove the linen of helpless patients, but they sometimes forget that a patient's friends or relatives must be taught to do this without chilling or exposing

posure or removal of patient.

the patient, or allowing him to sit up. The nurse must not only show them, but give them directions, and at the end of a few days see if these are carried out.

Directions for removal of top sheet.

The upper part of the top sheet should be taken in the right hand and passed under the blankets, etc., to the foot of the bed, while the left hand on the outside of the blankets, etc., presses the bed-clothes against the patient's body to exclude cold air as the right hand is travelling to the bottom of the bed.

Where there are two people to assist, each takes a corner of the sheet at opposite ends and removes it in the same way.

Removal of under sheet and draw-sheets. First method.

Where the patient can be turned on his side, the under sheet is loosened, rolled, and pressed closely against the back of the patient, while the sponging blanket or its substitute rolled lengthwise, with the rolled

part resting against the rolled sheet, is arranged on the vacant part of the bed. The patient is rolled or lifted gently on to the part that is now arranged, the bottom sheet taken away, the sponging blanket arranged in its place, and the patient returns to his old position.

Draw-sheets are removed in the same way.

Second method.

The under sheet can be rolled from the head of the bed downwards, where a patient cannot be turned on his side, the roll being pushed close under the waist, while the blanket, arranged in the same way, is placed over the pillows. Then with one arm under the back of the patient, to raise him a little, the sheet is withdrawn and the blanket spread in its place.

The same rules are observed for replacing sheets as for removing them.

In fevers, etc.

Where evacuations are passed involuntarily, as in fevers, etc., the soiled draw-sheet, if there is one (if not, the under-sheet), must be folded under the patient, and he must then be carefully cleansed on it and a macintosh put under him before he is placed on the sponging blanket.

Waterproof or macintosh draw-sheets.

A piece of waterproof about 3 feet or $3\frac{1}{2}$ feet square is desirable as a protection for the bedding and under sheet from getting wet.

It should not be used instead of a draw-sheet, as it is unpleasant for the patient to have it next him, except in operation cases, abscesses, or any cases where there is much discharge, such as diarrhœa, dysentery, hernia, lithotomy, ovariotomy, hæmorrhage, or the like.

Macintosh sheeting should have tapes attached to the four corners to tie it to the

sides of the bed, to prevent it from rucking or folding under the patient.

The draw-sheet should be pinned or tied by tapes to the bedstead over it.

A nurse should always lend macintosh sheeting where required.

Substitutes for water-proof or macintosh draw-sheets.

Where this is impossible, or for special emergencies, a fairly good temporary substitute can be made out of two folds of brown paper, or of closely printed newspaper. For hæmorrhage, it is better to take the oilcloth table-cover which is nearly always to be found in the homes of the poor.

Substitutes for sponging blankets.

Where there are no blankets, the counterpane may be folded in two, lengthwise, and the patient placed between the folds. Or, leaving the counterpane in its place, any petticoat, skirt, or coat that looks clean enough may be placed under the patient.

Brown paper makes a warm and good substitute for a blanket — where this can be obtained.

The nurse must place over the counterpane whatever warm coverings she can find, but she must ensure that her patient has as much or *even more* bed-clothing over him while being washed than he had before. (I have seen a nurse throw the counterpane off the bed, or over the foot of the bedstead, and not replace it until the patient was sponged!—forgetting that sponging always lowers the temperature one degree.)

Where there are sufficient blankets and linen, it is better always to do without a counterpane altogether and substitute an extra blanket with a sheet over it. It looks clean and is without weight.

Blankets between which a patient has

been washed or sponged must always be changed for other blankets, or at least *turned.* If washing and sponging rules have been properly observed, there is no fear of the blankets being *wet*, but there may be a risk of their being damp. Rules about sponging blankets.

Where there are sufficient blankets, therefore, it is best to keep two (to replace the upper and lower sheets), and always sponge the patient between them. They can thus be well aired and dried after use. Or the counterpane can be used for this purpose.

No patient should ever be washed on or between soiled *sheets*, as it gives a peculiar chilly sensation.

To remove night-shirt or night-dress, unbutton the night-shirt or night-dress at the throat and wrists, and pull up the shirt at the back towards the neck. Gather it up To remove the night-shirt.

loosely in one hand, and pull it over the head; or slip out one arm from the sleeve and draw the shirt off on the other side over the head.

Every nurse knows how to do this, but *district* nurses have to teach untrained women how to do it, and should therefore always impress upon them that where a hand or arm is affected, the shirt sleeve must be removed first from the sound arm.

To replace night-shirt.

To replace a night-shirt, the patient's friends must be instructed as to the necessity of its being *well warmed* as well as aired, and that the injured hand or arm must be the *first* of the two inserted into the sleeve before the night-shirt, gathered up into a small roll, is slipped over the head.

There are many cases where the nurse

has to unrip or cut the shirt up to the neck, and sew small tapes to tie the sleeve or seams together.

Rules for washing.

The linen of the patient removed, the face should be washed in hot water as hot as the hand can bear, but without soap, and wiped dry with a warm towel.

Then the flannel should be wrung nearly dry, well soaped,[1] and the ears and neck carefully washed, rinsed, and dried.

Next, each hand and arm separately.

Then under cover, holding the bed-clothes *down*, not away from the body, the nurse should pass her other hand under the blanket and wash the chest, and under the arms (paying special attention to the armpits) as far as the waist; rinse, and dry carefully.

[1] Where the skin of the body is affected with pediculi, soft soap should be used.

She should then wash from the waist downwards to the knees,[1] paying special attention to the flexure of the thighs, rinsing and drying thoroughly.

Wash carefully and dry separately each leg from the knees to the feet. Each leg, if possible, may be raised so as to wash well under and all round it.

Each foot should then be washed separately, and, if the nature of the case admits of it, uncovered and well bathed. The water has had probably to be renewed once or twice; in any case the nurse should now empty the water and fill her basin with clean hot water.

Then, taking the bottom blanket in both

[1] In washing a patient, special attention must always be paid to the armpits, flexure of thighs, between fingers and toes, and about the joints, as accumulation of waste matter is most abundant on these parts.

hands, she should gently roll the patient over on his side, and wash the back from the neck to the waist; and when dried, from the waist to the knees.

A little 'violet powder' or oxide of zinc may now be applied to ensure perfect dryness of skin, or equal parts of prepared starch powder and zinc rubbed over the back with the hand[1] after being dusted on. Prevention of bed-sores.

Now remake the bed on the side which is unoccupied, before the patient is rolled back on to it, as it saves fatigue.

In hospitals where I have worked I have found the following used, the skin having been first carefully washed and dried:—

At St. Thomas's Hospital the skin was rubbed with brandy, gin, whisky, or recti-

[1] No ring should be worn on the right hand. It would hurt a patient in rubbing, and might carry contagion.

fied spirit, and allowed to soak in for two or three minutes.

At King's College Hospital, collodion (gun-cotton dissolved in ether), painted on in one brushful, without break.

In Germany, as at St. Thomas's; also lemons cut in half are used, the back being rubbed with the juice.

In France, an ointment composed of two drachms of tannate of lead and one ounce of cerate is used. Also a wash composed of spirits of wine with two grains of bichloride of mercury added to each ounce.

Cleansing teeth and gums.

The teeth and gums of every patient must be cleansed at least once a day. Where the breath is fœtid, the patient should be directed to brush his teeth with soap and water after every meal, or it should be done for him.

The nurse should always *see* her patient clean his teeth and rinse his mouth when able to do this for himself.

Substitute for tooth-brushes.

A piece of wet linen wound round the forefinger of the nurse and dipped in a solution of Condy and water is very effectual for cleansing the roof, gums, etc., of a patient unable to do this for himself. The linen should be removed from the nurse's finger with her forceps for the fresh piece to be put on.

Removal of sordes in fever, etc.

When the teeth are covered with sordes, it is best to cut a small wedge of lemon, and then cut the wedge-like portion out, and rub the lemon attached to the rind over the teeth from the gums downwards. Then cleanse with linen dipped in water as above.

Combing patient's hair.

Before combing a patient's hair the nurse should always place a towel or wrapper of some kind round the shoulders and under

the chin, so arranged as to prevent the hairs falling into the bed.

If the hair is infested with pediculi, it should be cleaned with spirits of turpentine and staphisagria ointment rubbed in.

Where from neglect, pain, or other cause a woman's hair has not been combed for some time, it must be well oiled (carbolic oil, one in twenty, is best), and then each tress carefully separated and disentangled with the oiled fingers of the nurse. The nurse must hold each tress steadily with the left hand against the head to prevent the roots of the hair being pulled while she combs out the tress, *beginning at the extremity* of it and working upwards until finally the roots of the hair are reached.

The brush should be used in the same way.

Should the hair-brush require cleaning, lay

the bristles downwards in soda and water, and then rinse well in cold water. No soap should be used for brushes.

A district nurse should never cut off a patient's hair unless it has become *diseased* from dirt and neglect—when it should be shaved.

Poor women take a great pride in the length of their hair, even when they have taken none in keeping it in good order, and it is better to take *any* trouble rather than lessen a woman's self-respect.

Ingrowing toe nails, etc.

A nurse must always cut and trim her patient's nails. On the hands they should be trimmed to the shape of the fingers. On the feet, *toe nails* should be *cut straight* (not curved or rounded). Where there seems a tendency to grow in at the corner, the nurse must teach her patient *never* to cut the nails

down to the quick, and how to place a little bit of cotton wool under the corner of the nail.

The centre of each nail may also be scraped thinner in the middle with a small piece of glass. This will relieve the pressure of the nail at each side.

To get rid of vermin in beds and bedding.

The best remedy for getting rid of vermin is cleanliness, light, and air; without these three factors nothing is of much use. Bedstead and bedding must be well brushed every morning. All cracks and joints of the bedstead must be filled with a thick paste of carbolic powder, mixed with a little clear carbolic in solution, and laid on freely with a brush (or the common carbolic may be used). Nothing must be allowed to remain under the bedstead, with the exception of the bed-pan or chamber utensil.

Where bugs infest the flooring, the

patient's friends must be advised to make a paste of chloride of lime or of carbolic powder and fill all crevices with it between the planks of the flooring and the skirting-boards.

The bedstead must be kept at least a foot from the walls, and the legs of the bedstead should be placed on saucers filled with water with a little carbolic in it.

The blankets and bedding must be sprinkled daily with Keating's insect powder.

Where these directions are strictly followed, all vermin will in time be got rid of.

Extemporary bed-pans.

An ordinary dust-pan with flannel on its edge makes a good slipper bed-pan. The handle must be held well down. Extemporary bed-pans can also be made out of a soup plate.

A very good urinal for men is an

Extemporary urinals.

empty jam-pot. It is easily handled and cleaned.

For women the best shoe-shaped urinal is an old-fashioned butter or sauce-boat, where it can be procured.

For paralytic cases.

For paralytic cases, where water is passed involuntarily, it is best to arrange a small piece of macintosh under the patient, and to place a soft sponge between the thighs, which the relatives of the patient can remove and clean at stated intervals during the day, replacing it with a fresh sponge.

Under the anus a double fold of newspaper can be placed as a substitute for a bed-pan.

Extemporary spittoons.

The best extemporary spittoons are made out of jam-pots, into which newspaper has been folded all round. When they require emptying, the newspaper is gathered to-

gether at the top, dropped down the W.-C., and a fresh paper folded into the jar in its place.

Extemporary feeders.

An extemporary feeder can always be made out of a tea-pot.

Extemporary filters.

Where the water is foul it is always best to *boil it* before filtering it. A good extemporary filter can be made out of a common flower-pot. Place a piece of sponge in the hole at the bottom. Over this lay 2 inches of charcoal, and then 2 inches of clean sand. Place this flower-pot over the jug or vessel which is to contain the water when filtered. It will be found to answer as well as any ordinary filter.

Substitute for filtering.

If it is not possible to procure a flower-pot, charcoal, etc., water can always be made fit for drinking by *boiling it*,[1] and when it is

[1] In the Franco-German war, where no filter of any

cold pouring it from one jug to another a few times, so that it may abstract from the atmosphere the carbonic acid gas which it has lost in the boiling.

This will give it the bright sparkling appearance of water fresh drawn from a well, and it will at the same time have got rid of all organic impurities.

Extemporary ice-bags.

It is sometimes necessary to extemporise ice-bags. This can always be done by cutting gutta-percha tissue into the required shape, and fastening the edges together with chloroform, where the district nurse has any.

Waterproof sponge-bags also make good ice-bags.

kind was obtainable, I boiled the water with a handful of rice, allowed it to cool, and then carefully poured off the clear water at the top.

SECTION V

DUTIES OF DISTRICT NURSES

1. The district nurse should wear when on duty the required uniform, and always carry with her the bag, etc., provided.

2. She should enter every new case in the note-book appointed for that purpose, and fill in required details at first visit.

3. She should make out a monthly return of all cases under her charge during the month, according to the form supplied, stating if the cases are visited[1] once a day, or oftener.

[1] Patients requiring only 'occasional' visits are not *nursing* cases, and should not be retained on the books. Nursing implies *daily care.*

4. She should devote eight hours[1] daily to her nursing duties.

5. Each nurse should note in the day-book the exact time and hour on which she returns from duty. (The hour of going on duty should be notified by the superintendent, where there is one. If there is no superintendent, then by the nurse.)

6. The district nurse should be skilled in the best ways of securing the cleanliness of her

a. Patients, especially helpless patients, in-

[1] It is usually six hours in a training school, where the nurses in training are required to read for and attend lectures. Where a nurse has not sufficient cases to occupy her time fully, she should remain longer with her heavier cases, so allowing the relatives more rest. This time should be employed in needlework for the patient, or in any way which could add to the comfort and wellbeing of the sick person under her charge. The time so employed should be notified in the day-book, so that the nurse could be found when required for a new or urgent case.

cluding changing and moving patients and keeping them dry.

b. Rooms, including windows, bits of carpet, etc.

c. Utensils for the secretions, for patient's use.

d. Beds—bed-making, including *daily* removal and airing the linen of all patients confined to bed, clearing and cleaning *under* the bed, managing position of bed.

7. She should observe all rules relating to the daily cleansing of her patients as regards

a. Sponging: washing between blankets.

b. Mouths: cleansing tongue and teeth from sordes, etc.

c. Hair.

d. Precautions against bed-sore, and dressing of bed-sores.

e. Dressing of wounds and cancer, etc.

8. In all cases of infection and contagion she should strictly carry out all rules relating to antiseptic dressings and disinfection as regards herself as well as her patients, and should use carbolic spray for all offensive cases.[1]

9. Nurses should disinfect their hands after *every* case where they have done any nursing service for a patient, and wash them thoroughly before going to another patient.

Should a district nurse have a cut finger,

[1] Nurses attending on fever and infectious cases should not be allowed to visit any other patients or to mix with the other nurses until they have changed their dress, etc. In all district homes there is a disinfecting-room and small dressing-room where the nurse on 'fever duty' can change her dress before entering the district home. Special cloaks and bonnets should be provided for nurses on fever duty, and not used for any other purpose.

The washing dresses, caps, and aprons, etc., should be disinfected before being sent to the laundress.

scratch, or hangnail, she should report it to the superintendent.[1]

10. She should ascertain the sanitary condition of closets, dustbins, drains, cisterns, and water-butts, always tracing where possible the cause of bad smells.

11. She should take notes of cases for the medical man in attendance when required, as well as keeping temperature charts.

12. She should be experienced in sick cookery, and not only make when necessary beef-tea, puddings, and cooling drinks in the homes of her patients, but be able to teach the patients' friends how to do this.

13. She should be skilful in making mops for the throat, etc., and in extemporising appliances, *e.g.* bed-rests, cradles for limbs,

[1] In some cases it is of very grave importance that the nurse should not have even an abrasion of the skin.

bronchitis kettles, ventilation from window without draught, outside blinds, etc.

14. She should be skilful in obstetric nursing.

a. Care of new-born infant and mother.

b. Passing speculum.

c. Leeches internally.

d. Plugging.

15. She should be experienced in

a. The best positions for the dying, according to their ailment.

b. How to perform the last offices for the dead in a room occupied by the living.

16. She should use her judgment, tact, and personal influence to cheer and brighten her patients and their friends, and to improve their home and surroundings; *to nurse the room*, making it a place where the patient can get well and keep well.

17. She should make herself acquainted with the sanitary and charitable agencies of the districts in which she is working, and sanitary defects beyond her cleansing power she (or her superintendent) should report to the proper sanitary authority.

18. She should always work under medical authorities. Where she finds no doctor in attendance, she should know how to advise the patients' friends to obtain medical advice from parish or dispensary, and render the best *nursing* services she can, until she receives orders for special treatment from the doctor.

SECTION VI

ON DRY AND MOIST HEAT

To raise the temperature of certain parts of the body and to relieve pain, dry heat is often ordered. It may be applied by means of hot flannel, tins, or bottles filled with hot water, by dry heated bricks, or by bags of heated sand or bran.

In local or general paralysis.

Great care must always be exercised as to the application of heat above 90° to parts that are insensible—*e.g.* in local or general paralysis.

Flannel being of a loose texture, and involving air, is a bad conductor of heat; when

heated it should be put together as loosely as possible, and applied in that state to the skin. It should never be covered by a towel or linen, as that augments its radiating property.

White flannel retains heat much longer than black or any coloured flannel.

Stomach plates and other solid media for applying warmth to the body should be covered with white or coloured flannel according as they may be required to communicate an immediate and intense heat or a slighter but more permanent stimulus to the part to be heated.

A rough surface radiates heat in much greater quantity and in half the time occupied by a polished surface.

In cases of spasm of the stomach, for instance, when an instantaneous and powerful effect is required, the abdomen warmer should

be either rough on the surface or covered with a piece of dark-coloured rough flannel.

India-rubber hot-water bottles.

India-rubber bags filled with hot water are the most comfortable for the abdomen or spine, as they fit to the shape without hard edges.

Extemporary hot-water bottles.

In district work every variety of bottle can be used, including medicine bottles and soda-water bottles, also ordinary bricks made hot under the fireplace and then wrapped in warmed flannel where proper appliances are not at hand.

In using bottles, always ensure that they are thoroughly well corked and the bottle well warmed before it is filled, and then wrapped in flannel. The cork can be tied down to the bottle with string.

Hot-air or lamp baths.

To apply dry heat to the surface of the body generally, the hot-air or lamp bath is

used. The temperature may be raised from 100° to 160° according to the requirements of the case.

The patient must have his clothes removed, be put to bed on a mattress, and have a blanket thrown loosely over him. He should then be covered while in bed by a bamboo frame about 5 feet long, 18 inches high, and 2 feet wide; or, if you have not a proper framework, you can fasten across the bed two or three lengths of cane or stout wire. The framework must then be covered over with blankets to retain the heated air, and the blanket covering the patient under the framework must be removed.

The patient's body is thus enclosed in a small chamber, the air of which can be heated by placing either a small covered vessel containing burning charcoal inside the frame

near the foot, or a spirit-lamp on an earthenware plate surrounded by a kitchen grater to protect the blankets from its flame; or the air may be heated by means of a lamp placed under a trumpet-shaped tube communicating with the interior of the frame.

The temperature of the air must be watched, lest it grow too hot and scorch the patient; but the heat must be kept up until the patient breaks into a sharp perspiration, when the lamp may be removed; and when the patient has become moderately cool he is to be rubbed dry, his night-shirt, well warmed, put on, and he should repose for a short time. The hot-air or lamp bath usually lasts twenty minutes.[1]

[1] Where it is not possible to arrange or procure a framework for the bed, the patient, wrapped in a blanket, can sit on a cane chair, another blanket having been pinned round his neck, and covering him and the chair entirely. The

For *moist heat* (or baths) the whole, or only part, of the body may be immersed. When the former is required, as it would be almost impossible in the homes of the poor to obtain a full-sized bath, a hip bath can sometimes be procured. On giving baths.

A large wash-tub will answer the same purpose with a blanket laid in it and the tub or bath filled one-third full with warm water. Extemporary bath.

The patient should sit down in it and wrap himself round with the warm and moist blanket. Another blanket should be thrown over him and the bath.

Hot water can now be added as required,

first blanket can be removed. The spirit-lamp should be lighted (placed on an earthenware plate, and covered, if procurable, with a nutmeg grater) and placed under the chair on the floor. (Where a mercurial bath is ordered, the powder, which is usually from ten to thirty grains of calomel, can be placed on a tin at the top of the nutmeg grater.)

being poured in between the two blankets, while the water is kept agitated with the other hand to ensure the hot water being well mixed with the water in the bath.

And here I must again repeat what I have always maintained, that where a woman has to bath a man, no exposure is either necessary or justified. A blanket should always be thrown round him as his clothes or night-shirt are removed. If in a weak state of health, he should be lowered into and lifted out of the bath by the blanket.

Hot bath for a child with croup.

When a nurse is ordered to give a hot bath to a child, she should *always* ask for directions as to the exact temperature to which the bath is to be raised, and the time the child is to be kept in the bath.

When the nurse has prepared the bath and *tested it with her elbow* to ensure its

not being too hot to be comfortable, she should cover the tub or bath with a light blanket.

The little patient should be undressed in bed, wrapped in a small blanket, and carried to the bath, the blanket removed, and the child gently lowered on to the blanket covering the bath, the nurse keeping one arm under his shoulders and the other below his knees until he lies or sits in the bath. The head must be supported the whole time if the child is too feeble to sit up.

An assistant (mother or neighbour) should now add as much hot water as required to raise the whole bath to the temperature desired. The hot water must be poured in at the back of the child, so as not to frighten it, and close to the edge of the tub or bath. The nurse should paddle this water backwards and for-

wards with her disengaged hand, to mix it with the water in the bath, always keeping her hand *between* the child and the hot water, so that she can regulate the heat.

When the patient has been in the bath the time ordered, he should be lifted out and a warmed blanket wrapped round him. He should then be carried to bed and placed between blankets for half an hour to encourage perspiration. At the end of this time he should be thoroughly rubbed dry with warm towels and a night-shirt put on, well warmed, the blanket removed or changed, and bed made with warm sheets. The body must not be once exposed or uncovered in any way.

The temperature of simple baths should be as follows :—

	Water.	Vapour.	Air.
	Deg. Fahr.	Deg. Fahr.	Deg. Fahr.
Cold . . .	33 to 65	...	...
Cool . . .	65 ,, 75	...	...
Temperate . .	75 ,, 85	...	...
Tepid . . .	85 ,, 92	90 to 100	96 to 106
Warm . . .	92 ,, 98	100 ,, 115	106 ,, 120
Hot . . .	98 ,, 112	115 ,, 140	120 ,, 180

Fomentations.

Fomentations may be regarded as local bathing, the object being to convey heat combined with moisture. Take the coarsest linen towel or apron that is procurable, and lay it in the bowl or basin with the two ends outside. Place on this any flannel you can procure—the coarser the better,—pour boiling water over it, then, by twisting the ends of the cloth in opposite directions, wring out the water.

Lay the flannel, doubled, lightly over the

part, and cover it completely with macintosh or oiled silk.

In changing fomentations, always impress upon a patient's friends that the fresh fomentation should be prepared before the first is withdrawn, so that the part to be fomented should not be left uncovered.

SECTION VII

OBSERVATIONS ON THE SICK[1]

It is well to give some points for special observation, that the nurse may be prepared to answer correctly the inquiries of the medical attendants.

Notice generally head, neck, chest, abdomen, limbs; eruption, œdema, colour, shape. General aspect.

Posture in breathing, lying flat, semi-erect, on one side, etc. The posture of the patient is often indicative of the disease from which he is suffering. Posture.

[1] See 'Notes on Lectures,' by John Croft, F.R.C.S., in *Points for Observation*, p. 9; 'General Subjects for Clinical Inquiry,' by Sir Henry Acland, M.D., in *Handbook for Hospital Sisters*, p. 193.

Cough. *Cough.*—Observe its character. Is it short, sharp, or does it occur in long fits? How often and at what time do the fits recur? Is it a ringing cough with a peculiar metallic sound—hollow, dry, or accompanied with expectoration.

Expectoration. *Expectoration.* — Observe the quantity, colour, odour, tenacity. If easily coughed up.

Pain. *Pain.*—Has it come on quickly, or lasted some time? That is, is it acute or chronic?

Is it a shooting pain or stabbing, so commonly complained of in cancers? (Often not felt, or only felt when suggested.)

Is it a dull pain, or gnawing, or burning, as in some diseases of the stomach?

Is it a twisting pain, such as patients sometimes complain of in hernia or colic?

Is the pain on the surface, or increased or diminished by pressure?

(Pain is often expressed at a spot distant from the seat of disease.)

Is pain constant, lasting day and night, or is it recurrent, or shifting from place to place?

Note the colour and texture of lips. Lips.

Are the teeth loose? etc. Teeth.

Notice the protrusion of the tongue (if unsteady, jerking, or tremulous), volume, form, colour, surface, dryness, coating. Always observe whether it cleans from the edges or the middle, or if the crust is rapidly removed, leaving the under surface raw or dark coloured. Tongue.

Observe whether there is any discharge from the *ear*, *eye*; character, quantity, odour. Also notice the character of the discharges from the *nose*, whether of blood only or of matter mixed with blood, or accompanied by a bad odour. Secretions.

Bowels. A nurse must observe whether her patient's *bowels* are acting in a regular manner. The frequency of action and character of evacuations, whether solid or fluid; the colour as regards presence or absence of bile; the admixture with matter, mucus, or blood.

Bladder. She should observe the frequency with which the *bladder* is emptied; quantity, appearance. If passed with pain in small quantities or in an intermittent stream; whether there is suppression, retention, or dribbling. When a nurse suspects any departure from a healthy character, she should preserve the secretion for the doctor in charge of the case. (She should also preserve it before an operation, as a surgeon often wishes to know whether the urine coagulates on testing, as in that case he generally declines to operate.)

Notice in *catamenia* the colour, quantity, frequency, duration, leucorrhœa, or other discharges. Uterine.

A nurse must observe the general *intelligence* of the patient, memory, speech, slowness of manner, giddiness, sleep, dreams, fits (one kind or more). Nervous system.

In noting *sleep* she must observe whether it is sound, or accompanied by delirium, and the nature of the delirium, whether it is emotional, busy, suspicious, fearful, or wild and fear inspiring, or if there is any tendency to suicide or homicide; whether low and muttering, as in the last stage of many diseases; or if there is a tendency to stupor or insensibility.

Observe the frequency of the *respirations*, regularity, difficulty, odour of breath; if attended with pain or accompanied by any Respiration.

noise, such as the metallic sound of diseases of the larynx, crowing of croup, stertorous snoring.

Number of respirations in health.

There are generally fifteen respirations a minute in health.

Temperature.

In taking a record of the *temperature*, the pulse and breathing should also be noted. Always use the same thermometer for the same patient, and keep it in the axilla the same time. Three minutes is the least time, and ten minutes the longest; but for practical purposes five minutes is sufficient, but never *vary* the number of minutes. If it is sometimes left in five minutes, sometimes three, the record is of no value.

Always enter on your notes whether in taking the temperature the patient has just had a meal, or wine, an attack of bleeding, or whether it is after vomiting or any action

of the bowels. The temperature always declines just after the latter. Whether it is after medicine or a cooling draught, whether the patient is perspiring, etc.

There are certain facts to be remembered : That the average temperature is 98.4° ; that the best times for noticing the temperature are between seven and nine in the morning ; at noon ; between five and seven in the evening, and again at midnight.

Average temperature.

Times for taking do.

Before placing the thermometer in the axilla, care should be taken that the spot should be free from moisture.

Temperatures taken in the mouth or rectum are 1° higher than in the axilla or flexure of thigh.

In taking the *pulse* at wrist, notice the rate, volume, hardness, labouring, regularity, or intermission of beats.

Arteries.

Beats of average pulse.

The number of beats in health are from sixty to eighty per minute.

Stomach.

Notice if there is pain in the *stomach* during, before, after (how soon after) eating. If there is nausea, vomiting, eructations, etc.; the state of appetite.

State of wounds.

Make careful note of any changes which come over *wounds* (and whether heralded by shiverings and sickness), the colour, quantity, and odour of the pus, etc.

Expression.

Special observation must be devoted to the patient's *expression.* Look for the flushed painful expression observable in many acute diseases of the chest and in fever; for pallor and pain and a pinched expression at the onset of inflammation in the abdomen; for the sudden pallor of faintness; the flushings morning and evening of hectic; the *risus sardonicus* in lock-jaw and tetanus, etc.

There is another expression of countenance which should not be omitted—a worried harassed expression.

If a nurse sees by the state of the patient's face that he is in mental as well as physical trouble, she must exercise her tact to make him confide in her. She may often be able to remove the cause of distress directly or indirectly, but in any case her sympathy and advice will be of help to her patient.[1]

[1] We have often had cases like this, and the nurse has been the means in more than one instance of preserving the home from being broken up through a little timely help, given indirectly, where it was of the utmost importance that it should be given *at once*.

Short notes of cases for district work.

NOTES OF CASES.

Name of patient, age . . . .
Address . . . . .
Occupation . . . . .
Brief family history . . . .
Previous illnesses, if any, of patient
Habits of patient . . . . .
Commencement of present illness and first symptoms, such as sickness, rigour . . . .
And then—if acute disease—each date until nurse is in charge .
Date of first visit[1] . . . . .
Hour { Temperature . . / Pulse . . . / Respiration . .
State of bowels . . . . .
Urine . . . . . .
Describe exact condition of patient at first visit, how lying, general appearance, countenance, state of skin, tongue, secretions, eyes, expectoration, colour and shape of finger nails, state of wounds (if any) .
(In abdominal cases, whether there is tenderness on pressure . .
In brain disease or paralysis, if sight is affected, state of pupils, bloodshot, or not) . . .
Treatment—
Medicine . . . .
Food . . . . .
Stimulant . . . .
Applications . . . .
General management[2] . .

[1] The morning and evening reports should be made as nearly as possible about the same time.

[2] Under the term 'general management' the nurse should state the nursing service rendered by her to the minutest detail.

MORNING REPORT.

Date . . . . . .

Hour { Temperature . . .
Pulse . . .
Respiration . .

Bowels [1] . . . . . .

Urine . . . . . .

Sleep [2] . . . . .

Report of fresh symptoms (if any) in the night . . . .

Medicine—when administered .

Food / Stimulants { State when given and exact quantity taken during the night .

Describe exact appearance of patient as the nurse entered the room, manner, look . . . .

State of skin. Cold feet . .

Bed-sore (if any, how dressed) .

Nursing treatment . . .

EVENING REPORT.

Date . . . . . .

Hour { Temperature . .
Pulse . . .
Respiration . .

Bowels . . . . . .

Urine . . . . . .

History since morning report, sleep

Medicine—when administered and effects, if any . . . .

Food / Stimulants { When given and exact quantities . .

Present appearance . . .

Nursing treatment—State if patient is sponged, bed made, etc., and whatever service is rendered, and whether written directions as to medicine, food, etc., are left for the night nurse . . . .

[1] The nature of evacuations must be described, as well as the number of times the bowels have been opened during the night.

[2] Always state if narcotics have been given.

SECTION VIII

THE BEST POSITIONS FOR THE DYING, ACCORDING TO THEIR AILMENT

In fevers and acute lung disease.

WHEN a patient is dying from acute lung disease, especially double pneumonia, raise the head and shoulders.

In first stage of typhoid fever.

In the first stage of fever, when there is a blue, livid, smoky look of the nostrils and nails, the patient's head and shoulders should be kept up, as the danger is not from the heart but from the lungs.

From drink.

The same rule applies to a man who is dying from drink.

In collapse

Death in the latter stage of typhoid fever

is probably due either to debility or perforation of the bowel. during fever, or from hæmorrhage.

The patient should be kept in the recumbent position, and the head and shoulders should be kept low, so that the heart may have no difficulty in sending blood to all parts of the body.

In laryngeal affections, the patient's head and neck should be slightly bent forward and supported. In laryngeal affections.

In acute cases of pericardium or pleura, the patient should be kept in the horizontal position. In acute inflammation of pericardium or pleura.

In cases of pericarditis and endocarditis a patient should be kept recumbent, as already stated, and *not allowed to move from the position in which he is placed.* In pericarditis and endocarditis.

In most affections of the heart, especially In cardiac dropsy,

and most affections of the heart.

in cases of cardiac dropsy, keep the head and shoulders of patient raised.

In chronic hydrothorax, or water on the chest.

In chronic hydrothorax, or water on the chest, the patient may be raised.

If the collection is on one side, the patient should be encouraged to lie on that side a little raised, with nothing to impede the action and free play of the sound lung.

In affections of the brain or its membranes.

Where a patient is dying from a disease of the brain or its membranes, the head and shoulders should be slightly raised.

In abdominal affections.

In all cases of abdominal affections, particularly peritonitis, the patient should be kept strictly recumbent, with the knees raised (and supported by a pillow under the knees), to relax the abdominal muscles.

To relieve what is termed the

Patients who are dying, or who seem dying with accumulation of mucus in the

throat and air passages, are often relieved by turning them on one side. 'death-rattle.'

To relieve the harsh dryness of the throat of the dying, a mop should be made of medicated wool, dipped into cold water, and passed over the throat.[1] Dryness of the throat and tongue.

It should only be used once, a fresh one being made each time.

The last offices for the dead should be done reverently, and as far as possible in silence. The last offices for the dead in a room occupied by the living.

In laying out the dead, there should be no more exposure of the body than in life.

All rules relating to 'sponging' or washing between blankets should, as far as possible, be observed, with the exception of removing

[1] I shall never forget the look of gratitude and relief which came into the eyes of the patient on whom I first tried this. I made a notch on each side of a wooden penholder, and wound the cotton wool round it.

some of the upper bed-clothing, such as counterpane, etc.

Any wound, or discharges of any kind, should first be cleansed, covered where possible with strapping, or packed with carbolised tow and cotton wool, and bandaged.

The body should first be carefully washed and dried from the waist to the knees.

The nurse should now apply a broad pelvic belt over the stomach and loins made of round towelling, sheeting, or stout linen, about half a yard in width.[1] This should be

[1] When a nurse is called upon to perform the last offices for any of her patients, she is usually accompanied by her superintendent; and bandages, night-dress, etc., provided, if necessary, from a store of old linen kept for that purpose. A few flowers laid on the body when prepared for burial are always most gratefully appreciated by the friends or relatives.

It has always been the custom with the nurses of the poor whom I have trained *to kneel down and pray in silence* by the side of the dead, before and after performing the last offices for them.

bound tightly two or three times round the body *under* cover, and the end of it left, carefully sewn down on the bandage with stout thread.

The usual rules relating to washing between blankets may now be observed with that portion of the body which the bandage or roller has left uncovered.

In washing the face, gentle pressure must be kept on the eyelids. No weights of any kind should ever be used.

The hair should be brushed and arranged.

A white piece of bandage from 2 to 3 inches, or a white pocket-handkerchief folded to that width, should be passed under the chin and tied tightly on the top of the head. (The hair should be arranged to hide this as much as possible.)

The night-gown or night-shirt should now

be put on, in the same way that it would be for a typhoid fever patient, and where it is desired, long white stockings should be put on and drawn over the knees.

If the patient in life has been accustomed to wear a nightcap, one should be arranged over her hair; but before this is done the nurse should always ask the relatives if they wish to cut off any of the hair, or would like her to do so.

The blankets, etc., should now be withdrawn, and a clean sheet arranged under and over the body. The head should rest on one pillow only, or on the bolster.

The face should be covered with a clean pocket-handkerchief or square of white linen, and the upper sheet so arranged that it can be folded back when relatives or friends desire to see the face.

The nurse should always try to compose the features of the dead into the semblance of life, and to retain the outlines of the features even where orifices have had to be closed with cotton wool.

The arms should then be crossed over the chest, and a few flowers placed in the hand.

Immediately after death, soiled sheets, etc., should be removed, the body laid quite flat, and the limbs straightened, and the eyelids closed. (Pressure is usually sufficient, but if not, a small pad of wet lint could be applied.) After death.

The body should not be washed or prepared for burial until at least an hour after death.

Among the Jews there is a great dislike to the body being touched until twenty-four hours after death.

SECTION IX

SICK COOKERY, ETC.

How to ice drinks without ice.

In the country, or where ice is not easily obtainable, the simplest way of icing any drink is to put it into a common bottle well corked. Wrap the bottle in flannel wrung out in cold water, and stand bottle and flannel in the sun.

Freezing mixture.

To make a freezing mixture take of nitrate of ammonia 1 lb., of water 1 lb. Mix. This causes the thermometer to sink from 50° to 4° F.

Beef-tea.

To make beef-tea take 1 lb. of lean but juicy beef (buttock-steak is best), remove all

skin, fat, and gristle; cut it into cubes the size of large dice, and place it in a saucepan with 1 pint of cold water. Let it soak for half an hour. Then put it over or near a slow fire, and let it simmer for five hours, and take off any scum that may arise; then with a fork take out all the pieces of beef (unless a coarse wire strainer is obtainable). It is now ready for serving, and if made from buttock, beef, or rump-steak it will be liquid when cold. (If from shin of beef it will be a jelly.)

Stew made from the bouilli.

The beef-steak thus used, or *bouilli*, can now be made into a savoury stew. Sprinkle the small pieces of beef with salt and pepper, and lay them in the bottom of a small jar or saucepan. Then add a layer of sliced onions (blanched before using), and slices of cooked (or half-boiled) potatoes. Then another

layer of meat, onions, and potatoes, and so on until the jar is nearly full. The last layer of potatoes should be cut thicker.

Cover the whole with water, and let it simmer gently in a saucepan over the fire (or stand in the oven with a plate or saucer on the top of the jar) until well warmed through.

To this may be added a crust made of flour and suet, rolled out about the size the pot is round, and laid on the top of the potatoes, and the whole boiled for half an hour after the crust is added. Or a plain dripping crust may be added, and the whole baked in an oven.

Rabbit broth or chicken broth.

Rabbit broth is made in the same way as chicken broth, and by many persons is thought superior. (Chickens must be *skinned* the same as rabbits.)

The liver, lungs, fat, and everything adhering to the back and side bones must be

removed. Then it must be cut into as thin slices as possible through bones and muscles, or cut into joints and put into a saucepan with a salt-spoonful of salt. Pour over this 1 quart of boiling water. Cover carefully, and simmer for two hours over a slow fire. Lastly, put the pan upon the hob for half an hour; strain, and serve. (Or it may be cooked like beef-tea.)

Chicken or rabbit panada.

To make chicken panada cut up the chicken or rabbit from which the broth has been made, pound it, or roll it with a rolling-pin; put it into a stewpan on the fire with a little milk and salt; stir it; do not let it boil; add a little bread crumb to make it of a nice thickness, and remove it from the fire. Beat up an egg and stir it in as it is going to be eaten. It is usual to allow 1 egg to each quarter of a fowl or rabbit.

It may be used when hot as spoon meat, or made into little balls and served in the chicken broth. It will keep good some days.

To stew fish.

To stew fish, clean it and put it into a pan with just enough cold water to cover it, a pinch of salt, and 1 tablespoonful of vinegar (unless the latter is ordered to be omitted).

Cover the pan or dish closely, and let it stew for 1½ hour to 2 hours, according to size, over a slow fire, or in the oven. (Try the fins; if they come out easily the fish is done.) Skim off any scum that may arise. Lay it on a clean cloth, and serve.

Extemporary Oven.

To bake where there is no oven.

A large iron saucepan with a well-fitting iron lid will bake meat, puddings, etc., and even bread, as well as in an oven. The pan must be put over the fire, and when hot

enough for baking, the pudding (or whatever requires baking) must be put into it and the lid of the saucepan inverted and filled with a few hot coals. By adding small pieces of stick the heat of the top of the extemporary oven can be made as hot as necessary. By emptying the lid the greater heat can be driven to the bottom when desired.

Puddings.

Rice pudding.

For a rice pudding, wash two tablespoonfuls of rice and simmer them in a pint and a half of milk, with a pinch of salt, until the rice is soft.

Then add 2 eggs (if eggs are allowed) beaten up with half an ounce of sugar, and poured into a greased or buttered pie-dish. (Where it is allowed, the rice may be flavoured with spice, or orange or lemon peel.) Bake

it for three-quarters of an hour in a slow oven.

Bread pudding for invalids.

To make a bread pudding, place some thin slices of bread, *the staler the better*, or crumble bread or crusts, into a pie-dish until it is three-parts full.

Break into a basin 1 egg, and add the thinly grated peel of 1 lemon and 4 tablespoonfuls of white or brown sugar. Mix all well together, and add to it by degrees 1 pint of boiling milk. Pour over the bread, and cover with a plate, and allow it to soak for a quarter of an hour. Then lightly beat the whole of it together with a fork until of an equal consistency. Bake or steam for about half an hour.

Another way.

Another way of making this pudding is to take the yolks of 2 eggs (without the whites) and beat them well together. Then add the

hot milk, lemon peel, and sugar, and pour over the bread. When well soaked, bake as above. Then spread a thin layer of jam over it while it is hot. The whites of the 2 eggs should now be beaten to a stiff froth. (This is best done on a common plate with a knife.) This whipped egg, with a little pounded sugar in it, can now be heaped up in wedgelike masses on the jam, or spread evenly over it.

The pudding should be again placed in the oven until the white of egg is baked a light brown colour.

It can be eaten hot or cold, and is always much appreciated, especially by old people and by children.

The yolk and white of eggs for puddings should always be beaten separately, the white being stirred in last. It makes the pudding much lighter.

Plain batter pudding, boiled or baked.

To make a batter pudding, beat up well 1 egg, and add 1 pint of cold milk and a pinch of salt. Then take a little flour and pour some of the milk and egg upon it, and mix perfectly smooth; add flour till the batter is slightly stiff, beat well together, and pour it into the cup or basin. If it is to be boiled, flour a cloth and tie it tightly over the cup or basin, and boil it for twenty minutes. (The water must be boiling when the pudding is put into it.) If it is to be baked, grease a small dish, pour in the batter, and bake lightly. Watch it rising, as it ought to be very light.

Caudle.

To make caudle, put half a cupful of raisins, half a stick of cinnamon, and a little lemon peel, cut very thinly, to boil in a quart of water. Sift 4 tablespoonfuls of oatmeal, and mix it with cold water. Stir this into the quart of water where the raisins are, add

a teacupful of sugar (and wine if ordered) about half an hour before serving. Caudle should be well boiled.[1]

To make egg-nogg, beat up the yolk of 1 egg in a basin with 1 tablespoonful of white castor sugar (whip the white of egg separately on a plate), add the brandy or wine ordered to the yolk, and enough cream or milk to render it as liquid as desired. Then stir in the whipped white of egg. Egg-nogg.

Oatmeal Gruel.

Mix 1 tablespoonful of good oatmeal with 2 tablespoonfuls of cold water and a little salt, then add 1 pint of boiling water, stirring it all the time. Boil the gruel for twenty minutes or longer, keeping it well stirred. Add sugar or salt according to Oatmeal gruel.

[1] This is an American receipt, and was given me in Philadelphia.

taste. Milk may be used instead of water.

Arrow-root.

For arrowroot, mix 2 tablespoonfuls of arrowroot with 1 tablespoonful of cold water into a smooth thin paste, then pour on half a pint of *boiling* water or milk, stirring all the time. It may then be boiled up quickly over the fire.

Linseed tea.

For linseed tea, put 2 tablespoonfuls of linseed into a jug, pour a quart of boiling water over it, and boil slowly until there is only a pint left. Strain it, and add lemon juice and sugar to taste.

Barley water.

For pearl barley, wash $\frac{1}{4}$ lb. of pearl barley thoroughly in two or three waters. When quite clean, pour on it a quart of cold water and the peel of one lemon (cut very thinly) and let it boil for half an hour. Strain it, and add lemon juice and sugar to taste.

Barley cream.

For barley cream, stew slowly 1 lb. of veal with $\frac{1}{4}$ lb. of well-washed pearl barley in 3 pints of cold water until the whole will run easily through a sieve. It should look like thick cream, and be seasoned with salt to taste.

Lemonade.

For lemonade, put in a jug cut in very thin slices the rind of 2 lemons, add $\frac{1}{4}$ lb. of loaf sugar and the juice of 3 lemons. Rub some of the lumps of sugar on 2 of the lemons until they have imbibed all the oil from them, pour over the whole a quart of boiling water, and cover the jug with a plate until cold. Then strain it, and it will be fit for use.

Lemon-peel water.

Lemon-peel water should be made in the same way, *omitting the lemon juice* and using the peel of 3 lemons. This makes a refreshing drink, and can be used where lemonade is not allowed.

SECTION X

OBSTETRIC NURSING

To wash a baby.

THE care of the newly-born infant and its mother is fully taught in all lying-in hospitals, and every midwife and monthly nurse knows that the art of dressing a young infant is *to turn it only once*. In the homes of the poor, where there is but a scanty supply of linen, the district nurse should give some old clean linen, torn into small squares, to be called 'baby's face-towels,' and used for no other purpose. The nurse will also find it advisable to supply a little piece daily for washing and drying the eyes of the baby during the first week or two after birth.

No soap should ever be used for an infant's face, or indeed for the face of any patient, where it can be avoided.

The face and head of an infant (as well as of all young children) should be washed and dried before the child is undressed.

The face having been washed and dried with the infant lying on its back on the nurse's lap, the head and ears should be soaped and washed thoroughly with the nurse's hand, and then supported over the basin or bath while it is well bathed and the lather sponged off. By this means no soap will enter eyes or mouth, and there will be nothing to mar the child's enjoyment of its bath.

The rules for 'sponging a patient in bed' should be adhered to for a lying-in woman, who requires 'washing all over' without

The care of the mother.

exposure or risk of chill and without sitting up, as much as or more than other patients, in addition to syringing, bandaging, and any special treatment that may be ordered.

The nurse must impress upon the mother that when her child has finished taking the breast, its mouth should be washed, so as to remove all adherent milk, which would become sour and thus taint the next draught.

The mother must also sponge and dry carefully her own nipples. A little Condy in a cupful of water, with a small piece of soft linen to use as a sponge, is all that is required, but sometimes it is desirable to harden the skin by then dipping the nipples into brandy.

SECTION XI

RULES FOR NURSES ON SCARLET-FEVER DUTY

1. In cases of scarlet fever, diphtheria, and small-pox, nurses should wear the special uniform provided, and have a disinfecting dressing-room (with separate entrance) for changing their dresses, etc., before mingling with the other nurses in the Home.

2. No nurse or superintendent who has been on special fever duty should go near any other case for at least forty-eight hours, and until all rules as regards her own personal disinfection have been carried out.

3. Before leaving the patient's room the nurse should disinfect and wash her hands, and leave her apron and over-sleeves in the room. Should she have several infectious cases, apron and over-sleeves must be left in the room of each case and disinfected before they are taken out of the room to be sent to the wash.

4. Where it is possible, patients being nursed should be separated from the rest of the inmates of the house. A room at the top of the house is best, if there is an open fireplace.

5. The room in which a patient lies should be stripped of all carpets, curtains, and unnecessary furniture. Outside the door there should be hung up a sheet dipped and wrung out in the disinfectant ordered. This should be kept wet with the disinfecting fluid,

and the nurse should see that it *is* done.

6. All discharges from the bowels, bladder, or mouth should be received into vessels containing some disinfectant. Rags should be used instead of pocket-handkerchiefs, and burnt directly they have been once used.

7. All changes of bed and body clothes, diapers, and towels should be plunged on their removal from the patient into a pail of water containing a disinfectant recommended by the medical man in attendance. If diluted carbolic acid is used, put one part to thirty of water, or half a tumbler of the acid to fifteen tumblers of water. If Condy's fluid, put two fluid ounces (*i.e.* a wineglassful) to every gallon of water. This disinfectant, however, is liable to injure blankets. If chloralum is used, the nurse must rinse the

linen thoroughly with cold water before it is washed with soap.

8. All glasses, cups, and utensils, before leaving the room, should be washed in a disinfecting fluid.

9. Disinfecting powder should be sprinkled by means of a common dredger on the bedstead and on any spots on the mattress or bedding.

10. Nurses are often directed to oil their patients in cases of scarlet fever. Carbolic oil, one in twenty, should be used, or camphorated oil, and well rubbed over the patient's body with the nurse's hand. In cases of small-pox the oil should be applied by means of a soft paint-brush or feather to the eyes, mouth, nostrils, and creases of the neck, etc.

11. The nurse should herself disinfect

daily (or *see* that it is done) every drain and W.-C. in the house. She should also recommend that no one in the house should drink water or milk without its having been first boiled.

12. At the conclusion of a case the water-proof sheeting, if of really good quality, can be disinfected, but if of thin material or badly stained it should be burnt.

13. In the event of death the body should be washed with a disinfectant, and disinfecting powder should be sprinkled over it and on the bottom of the coffin.

14. On the recovery, death, or removal of a patient the nurse should impress upon the patient's friends the necessity of disinfecting the room and its contents.[1]

[1] This disinfection will be done by the parish authorities free of cost, or by sanitary aid associations where such exist.

The floors, walls, and ceilings should be fumigated, scraped, and cleaned. The old paper should be thoroughly scraped off and the walls well scrubbed down with a solution of carbolic acid before the new paper is put on, for paste and paper are great harbourers of foul matter and infection.

The chimney must be swept, as the soot may hold the poison. If there has been no fire, one must be lighted and allowed to burn brightly before it is put out.

Nothing is better for fumigating infected rooms and their contents than sulphur. A quarter of a pound of brimstone (or more, according to the size of the room) should be broken into small pieces and put into an iron dish (or the lid of an iron saucepan turned upside down), supported by a pair of tongs over a bucket of water. The chimney and

other openings and all crevices are then to be closed, with paper pasted on, and a shovelful of live coals put upon the brimstone. The door should then be quickly shut, the crevices covered with paper and paste, and the room kept closed for five or six hours. After this a thorough cleansing should be effected; everything washable should be washed, and all other things be cleansed by proper means.

Carbolic acid, chloride of lime, copperas or sulphate of iron, Condy's fluid or permanganate of potash, and sanitas are the disinfectants we have chiefly used, but there are many others, and it is for the medical man in attendance on the case to decide what disinfectant shall be used, and the nurse has to see that the disinfectant is mixed and used according to the printed (or special)

directions given. I have never known a case of scarlet fever or small-pox nursed by us spread beyond the case first attacked where we have had the charge of it from the first.

APPENDIX

SUPERINTENDENT'S REPORT

(TO BE LAID BEFORE THE COMMITTEE AT THEIR MONTHLY MEETING)

*Name of Probationer Nurse*_____

*Date of entering Home*_____

	MONTHS.					
	I.	II.	III.	IV.	V.	VI.
Number of new cases the superintendent has visited *with* the nurse						
Number of days in each month spent in district with her						
1. (*a*) Number of new cases during the month . .						
(*b*) How many cases has she had requiring two visits daily?						
(*c*) Has she had cases enough to occupy six hours daily?[1]						
(*d*) When not so, does she fill up her time by remaining longer with her worst cases? . .						
(*e*) Has she given two hours daily for lectures and preparation for ditto?						

The following degrees are to be used in each monthly entry :—E, excellent; G, good; M, Moderate; I, Imperfect; O, nil. Other indications :—Yes, No, or a number.

If a number has to be stated as well as the degree, place the number to the left of the letter indicating the degree.

[1] *c* and *e* only apply to training schools. Where all the nurses are trained, the hours of duty are usually eight hours daily, and about one hour less on Sundays, when the relatives of a patient are at home and there is less for the nurse to do.

	MONTHS.					
	I.	II.	III.	IV.	V.	VI.
2. Cleanliness of (*a*) Patients						
(*b*) Rooms.						
(*c*) Utensils						
(*d*) Beds						
3. Observance of rules as to—						
(*a*) Sponging in bed						
(*b*) Rinsing and cleansing mouths						
(*c*) Combing and arranging hair of all patients						
(*d*) Precautions against bed-sores						
(*e*) Personal disinfection of nurse's hands after each case						
(*f*) Keeping room in good nursing order						
4. Dressings—(*a*) Wounds						
(*b*) Bed-sores						
(*c*) Cancer (state if carbolic spray is used, and antiseptic dressings)						
5. Number of notes of cases by order of medical man, and how taken						
". Ditto temperature charts						
6. Whether sanitary defects have been discovered by the nurse, with regard to closets, dustbins, drains, etc.						
Has she taken proper steps to remedy these defects?						
7. Number of patients for whom the nurse has done any sick cooking						
8. State what cases, if any, the nurse has had during the last month						
(*a*) Enteric or typhoid fever						
(*b*) Diphtheria						
(*c*) Puerperal disease						
(*d*) Scarlet fever						
Has she taken proper precautions against the spread of infection and contagion?						
9. State what number of obstetric cases (if any) the nurse has had during the month, and how these have been nursed, *e.g.*—						
(*a*) Care of new-born infant and mother; washing, dressing, etc.						
(*b*) Any and what special treatment						
10. State in how many cases she has made or used						

	MONTHS.					
	I.	II.	III.	IV.	V.	VI.
extemporary appliances, if any, during the month for—						
(*a*) Ventilation without draught . . .						
(*b*) Keeping sickroom fresh						
(*c*) Bed-rests and cradles for limbs . . .						
(*d*) Bronchitis kettles						
(*e*) Outside blinds						
(*f*) Icing drinks, etc.						
11. Has she done her best to render the patient's room pleasant and cheerful?						
12. In how many cases has she been instructed in—						
(*a*) The best positions for the dying, according to their ailment?						
(*b*) How to perform the last offices for the dead in a room occupied by the living?						
13. What is the superintendent's opinion as to the nurse's—						
(*a*) Observations on the sick? . . .						
(*b*) Management of ditto?						
(*c*) Handiness?						
(*d*) Punctuality?						
(*e*) Neatness and attention to equipment?						
(*f*) Trustworthiness?						
(*g*) Observance of rules in the Home? . .						

GENERAL REMARKS.

MONTHS

I.

II.

III.

IV.

V.

VI.

Final character

A DISTRICT NURSE'S MONTHLY RETURN

*Name of Nurse*_____

*Month ending*_____

No. on Register.	Date of first Visit.	Patient's Surname.	Address.	Disease.	No. of Visits daily.	Date when Visits ceased.

DAY BOOK

*Date*_____

Name of Nurse.	Return from Duty.			Minutes late.			Hours on duty.	Remarks.
	Morning.	Afternoon.	Evening.	M.	A.	E.		

REGISTER

No.	When First Visited.	Name of Patient.	Age.	Residence.	Number of Room-Mates.		Occupation.	Nature of Case, Disease, or Injury.	Name of Nurse.
					Children.	Adults.			

OF CASES

Name of Doctor.	By whom Sent.	If in receipt of Parish Relief.	If not in receipt of Parish Relief, how supported during Illness.	Nursing Treatment.	Result and Date.					No. of Days on Books.
					Relieved.	Convalescent.	Transferred to Hospital.	Died.	Removed from Book for other Cause.	

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